## **HIV Status**

Name: Gender: DOB: RWID:	
Diagnostic Information	
*HIV Disease Status	<ul> <li>○ HIV negative</li> <li>○ HIV-positive, not AIDS</li> <li>○ HIV-positive, AIDS status unknown</li> <li>○ CDC-defined AIDS</li> <li>○ HIV indeterminate (infant less than 2 years only)</li> </ul>
*HIV Diagnosis Date	
*Date of First Positive HIV Test	
Date of First Ambulatory Visit	
Select all that apply. *HIV Exposure Category	
○ Male-to-male sexual contact (MSM)	
○ Injection drug use (IDU)	
○ Hemophilia/coagulation disorder	
○ Heterosexual contact	
O Receipt of blood transfusion, blood components, or tissue	
O Perinatal transmission	
O Risk factor not reported or identified	

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